

Tax Information Authorization

Mail to:

Louisiana Department of Revenue Taxpayer Service Division P O Box 66362 Baton Rouge, LA 70896-6362

(223) 213-7030 (223) 213-2114 (100)			
1. Taxpayer information (please print	or type)		
Taxpayer name(s) (if joint income tax return, enter	both names)		Taxpayer SSN or EIN
Mailing address			Spouse's SSN (if applicable)
City or Post Office	State	ZIP	State of Incorporation (if applicable)
2. Appointee information			
Appointee's name	Mailing address (include firm name, if applicable)		Telephone number
			()
			()
3. Tax matter(s) The appointee is authorized to receive you matter(s) listed below.	ur confidential informat	tion from the Louisiana	a Department of Revenue for the tax
Type(s) of tax (income, sales, corporation, etc.)		Tax year(s), period(s), or transaction(s)	
4. Retention/revocation of prior tax inf The filing of this tax information authorization			ons on file with the Louisiana Department of

The filing of this tax information authorization automatically revokes all prior authorizations on file with the Louisiana Department of Revenue for the same tax matters listed above in section 3. If you do not want to revoke a prior tax information authorization, mark an X in this box. Attach a copy of any tax information authorization you want to remain full in effect. \Box

The filing of

5. Taxpayer signature

[Taxpayer(s) must sign and date this form below. Either husband or wife must sign below if a joint income tax return was filed.]

If the taxpayer named in Section 1 above is other than an individual: I certify that I am acting in the capacity of a corporate officer, partner (except a limited partner), member or manager of a limited liability company, or fiduciary on behalf of the taxpayer, and that I have the authority to execute this information authorization on behalf of the taxpayer.

Signature	Title, if applicable	Date		
Type or print name of person signing this form if not the taxpayer(s) named in Section 1 above.				
Ciamatuma	Title if applicable	Data		
Signature	Title, if applicable	Date		
Type or print name of person signing this form if not the taxpayer(s) named in Section 1 above.				